

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # PDZ-000086071

1. Corporation Name

Conquest Consulting, Inc.

2. Principal Office Address

9900 Sunset Cove Lane

3. Mailing Office Address

9900 Sunset Cove Lane

Suite, Apt. #, etc.

Unit # 134

Suite, Apt. #, etc.

Unit # 134

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33919

Country

USA

Zip

33919

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

August 8, 2002

5. FEI Number

33-102 0323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03-04  
MRB

7. Name and Address of Current Registered Agent

Name

Thomas M. Governale

Street Address (P.O. Box Number is Not Acceptable)

9900 Sunset Cove Ln.

900035825919

05/10/04--01093--007 \*\*300 00

Suite, Apt. #, Etc.

Unit # 134

City

Fort Myers

State

FL

Zip Code

33919

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date 5/5/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Thomas M. Governale	9900 Sunset Cove Ln., #134	Fort Myers, FL 33919

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

Thomas M. Governale

5/5/04 (845) 416-3073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)